DOCUMENT RESUME

ED 306 523 CG 021 657

AUTHOR Walker, Hollie; And Others
TITLE Stress and Coping among Owners and Managers of Residential Care Facilities.
PUB DATE Mar 89
NOTE 12p.; Paper presented at the Annual Meeting of the American Society on Aging (35th, Washington, DC, March 18-21, 1989). For related document, see CG 021 656.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Administrators; *Coping; Job Satisfaction; *Nursing Homes; Older Adults; *Personality Traits; Quality of Working Life; *Residential Care; *Stress Variables

ABSTRACT

Stress and burnout are common in the caregiving professions. Stress negatively affects both the caregivers and patients. In order to help caregivers deal with stress effectively and to improve the care in residential care facilities, it is essential to learn more about the particular stressors that managers of such facilities experience. In this study, owners and managers of residential care facilities were surveyed to find out how much stress they experienced and how they coped with it. Data were gathered from 175 National Association of Residential Care Managers members. Lifestyle and personality traits were assessed to see how they affected perceived stress and career satisfaction. High levels of perceived stress as well as high levels of job satisfaction were found. No differences were found between male and female managers. The most common coping strategies were to bury one's feelings, to concentrate on what to do next, to stand one's ground, and to talk to someone about the problem. The negative correlation between perceived stress and job satisfaction suggests that emotional satisfaction that comes from serving their clients may be an uplift that compensates for the negative aspects of stress experienced by respondents and that other researchers failing to find such compensation should consider measures of job satisfaction as well as measures of health. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED306523

Stress and Coping Among Owners and Managers of Residential Care Facilities

Hollie Walker Dianne Horgan Linda Kosack
Memphis State University

Barbara Jameson
National Association of Residential Care Facilities

CG 021657

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Dianne P. Horgan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the 35th Annual Meeting of the American Society on Aging. March 18-21, 1989, Washington, D.C.

Stress and Coping Among Owners and Managers of Residential Care Facilities

Hollie Walker Dianne Horgan Linda Kosack
Memphis State University

Barbara Jameson
National Association of Residential Care Facilities

Introduction

Stress and burnout are common in the caregiving professions. Stress negatively affects both the caregivers and patients. In order to help caregivers deal with stress effectively and to improve the care in residential care facilities, it is essential to learn more about the particular stressors that managers of such facilities experience. Peralin, Lieberman, Menaghan, and Mullan (1981) refer to stress as a process in which people confront the sources of stress that they experience and attempt to adapt their behavior using whatever personal and social resources are available to them. They may develop health problems as a result of this process. From this perspective, it is important to study not just perceived stress, but also the relationships among personality characteristics, health, job satisfaction, job characteristics, and coping patterns. Stress researchers have begun such studies (e.g., DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Cooper, 1983; Dailey, Ickinger, and Coote, 1986; and House, Strecher, Metzner, & Robbins, 1986), and we are beginning to understand some of these complex relationships. We will examine several themes with regard to managers of residential care facilities:

1. Health and Personality. Early work on stress emphasized the relationship between stress and physical health. More recently, researchers have argued that personality often determines whether or not stress will have a negative somatic impact. Type A behavior, for example, is now considered a better predictor of stress-related illnesses than job stress itself.

Recently, researchers have begun to look at "uplifts" to see if uplifting experiences can compensate for stressful experiences. DeLongis, Coyne, Dakof, Folkman, and Lazarus (1982) report disappointing early results: "Despite considerable theoretical

speculation, and the intuitive appeal of the theme, there is at present little support for the notion that positive events in any form protect, enhance, or restore health."

2. Characteristics of the job. A number of studies have examined aspects of the job to determine which are perceived to be most stressful. Several factors relevant to managerial positions in residential care facilities have been shown to be especially stressful: responsibility for people (e.g., Kroes 1976), working at odd hours that disrupt neurophysiological rhythms (e.g, Cobb and Rose 1973), and home/work pressures. Managers who live in their facilities are less able to retreat to their home sanctuary. Work such as that by Pahl and Pahl (1981) suggest that this could be a significant stressor.

3. Job Satisfaction Job satisfaction has been found to be negatively correlated with perceived stress (e.g., Barone, Caddy, Katell, Roselione, & Hamilton, 1988). When job satisfaction drops, we can expect performance to drop. Hence, job satisfaction is an extremely important variable to consider with regard to maintaining high quality care in residential care facilities.

4. Coping. Selye (1976) and others have emphasized that stress per se is not necessarily bad; it is the effectiveness of coping strategies that determine whether stress's effects will be negative. Now much work examines various coping mechanisms. For example, Rose, Jenkins, and Hurst (1978) developed a scale called tension discharge rates which purports to measure how well individuals can dissipate job tension through effective coping mechanisms. Dailey, Ickinger, and Coote (1986) argue that this ability to dissipate tensions is related to personality--especially flexibility. Locus of control--the extent to which individuals feel they are in control versus the feeling that they are the victims of circumstances--is also related to how well they can dissipate tension. The control variable is especially important for managers of residential care facilities--the outcome for many patients is simply beyond their control. On the other hand, the manager does potentially have control over many aspects of the organization and how it functions.

Method

These topics are of practical as well as theoretical interest. In an attempt to learn more about these issues, we surveyed owners and managers of residential care facilities to

find out how much stress they experienced and how they coped with it. Surveys were mailed to 1000 NARCF members. 175 respondents from 40 different states returned completed questionnaires. We also gathered data on their facilities and data about their lifestyle and personality to see how these affect perceived stress and career satisfaction.

Results

As might be expected, among the 175 respondents, we found a high degree of reported stress. Despite this high level of perceived stress, job satisfaction was remarkably high: 94.6% reported either liking their job, being enthusiastic about it, or loving it. Ninety-six and a half percent reported feeling satisfied with their job half the time or more. The average response was that they were satisfied most of the time. This is directly opposite to what most researchers have found: in general, higher levels of stress are related to increased dissatisfaction with one's job.

It is clear that managers feel their work is worthwhile and inherently rewarding. We suspect that the job offers many "uplifts," which do compensate for some of the stress with regard to job satisfaction. We do not have data that allow us to confirm or disconfirm DeLongis et al's finding that uplifts do not positively affect health.

Next we examined individual differences. Based on our intuitions and experiences, we hypothesized that factors such as warmth and control might affect perceived stress. Using those 16PF scales, we found no such relationship. We were also interested in sex differences. Cooper and Davison (1982) reported that women suffered significantly more than men on a range of organizational stresses. Based on these and other results, we hypothesized that female managers would experience more stress than males. To our surprise, we found no differences. There were also no differences on the 16PF scales of warmth and control for women and men.

Finally, we examined coping strategies. We used the following scale.

Take a few moments and think about the situation that has been most stressful for you during the last week. By "stressful" we mean a situation that was difficult or troubling to you, either because it upset you or because it took considerable effort to deal with it.

With this situation in mind, read each item below and indicate the appropriate category , to what extent you used it in the stressful situation.

Not used	rarely used	somewhat used	used quite often	used a great deal
0	1	2	3	4

_____I talked to someone about how I was feeling.
_____I tried to forget the whole thing.
_____I tried to keep my feelings from interfering with other things too much
_____I just concentrated on what I had to do next
_____I made light of the situation, or refused to get too serious about it
_____I jogged or exercised
_____I stood my ground and fought for what I wanted
_____I tried to make myself feel better by eating, smoking, or using drugs or medication
_____I thought about how a person I admire would handle the situation, and used that as a model.
_____I expressed anger to the person who caused the problem
_____I criticized or lectured myself
_____I made a promise to myself that things would be better next time.

The most common strategies across all managers were to bury one's feelings, to concentrate on what to do next, to stand one's ground, and to talk to someone about the problem. In general, the most common responses involves "mind over matter." Few people would admit to excessive eating, drinking, or drug usage. There were some interesting sex differences. Women seemed to use some coping strategies more than men that could be counterproductive: Women were more likely than men to try to keep their feelings from interfering (Ms=3.03 vs. 2.68; t(174)=-2.05, p<.05) and to be self-critical (Ms=1.63 vs. 1.15; t(174)=-2.34, p<.05). Women were more likely to model others' behavior (Ms=1.54 vs. 1.00; t(174)=-2.54, p<.05). With the exception of eating, smoking, or drinking too much, this was the LEAST used strategy by men. Since this strategy does not naturally occur to most men, it might be very beneficial to encourage men to adopt this coping strategy.

The amount of education a manager has seems to affect the type of coping mechanisms used. In general, those with graduate degrees admit to using all strategies less than their less educated counterparts. The more highly educated managers may be less willing to admit to needing help with stress. This may be a barrier for stress reduction programs. With more education, managers are more likely to forget the whole thing, to jog or exercise, and to make light of the situation (Figures 1-3) Talking to others about the problem tends to decrease with higher levels of education. (Figure 4) Concentrating on what to do next and trying to keep feelings from interfering tended to be used most by those in the middle range of education (Figures 5 and 6). Finally, self criticism was more common among lower and higher educated managers than managers with some college or college degrees (Figure 7).

INSERT FIGURES 1-7 about here

There were not many differences in coping strategies among different degree holders, but there was some suggestion that social workers may cope <u>least</u> well. They reported the highest use of eating, drinking, smoking, and drugs to deal with stress (Figure 8). They also reported high use of making light of the situation, but low use of forgetting about it. This suggests that they <u>try</u> to joke about it, but it's not a successful strategy. They may, instead, ruminate about the problem.

INSERT FIGURE 8 about here

<u>Discussion</u>

At the practical level, these results suggest interventions for particular groups of managers. At the theoretical level, these results support the growing evidence that personality and individual differences moderate the perception of, the effects of, and the methods of dealing with stress. Perhaps most provocative is the negative correlation between perceived stress and job satisfaction. We suggest that the emotional satisfaction that comes from serving their clients may be an "uplift" that compensates for the negative aspects of stress and that other researchers failing to

find such compensation should consider measures of job satisfaction as well as measures of health.

References

Barone, D., Caddy, G., Katell, A., Roselione, F., and Hamilton, R. (1988) The work stress inventory: Organizational stress and job risk. Educational and Psychological Measurement, 48, 141-154.

Cobb, S. & Rose, R. (1973) Hypertension, peptic ulcer and diabetes in air traffic controllers, Journal of the Australian Medical Association, 224, 489-492.

Cooper, C., (1983) Identifying stressors at work: Recent research developments. Journal of Psychosomatic Research, 27, 369-376.

Cooper, C., & Davison, M. (1982). High Pressure: Working Lives of Women Managers. Fontana paperback.

Dailey, R., Ickinger, W., & Coote, E. (1986) Personality and role variables as predictors of tension discharge rate in three samples. Human Relations, 39, 991-1004.

DeLongis, A., Coyne, J. Dakof, G., Folkman, S., and Lazarus, R. (1982). Relationship of daily hassles, uplifts, and major life events to health status. Health Psychology, I, 119-236.

House, J., Strecher, V., Metzner, H., and Robbins, C. (1986) Occupational stress and health among men and women in the Tecumseh Community Health Study. Journal of Health and Social Behavior, 27, 62-77.

Kroes. W. (1976). Society's Victim--The Policeman. An analysis of job stress in policing. New York: Charles C. Thomas.

Pahl, J. & Pahl, R. (1981) Managers and Their Wives. London: Allen Lane.

Pearlin, L., Lieberman, M., Menaghan, E., and Mullan, J. (1981) The stress process. Journal of Health and Social Behavior, 22, 337-356.

Selye, H. (1976) Stress in Health and Disease. London: Butterworths.

Fig. 1. Forget it by education

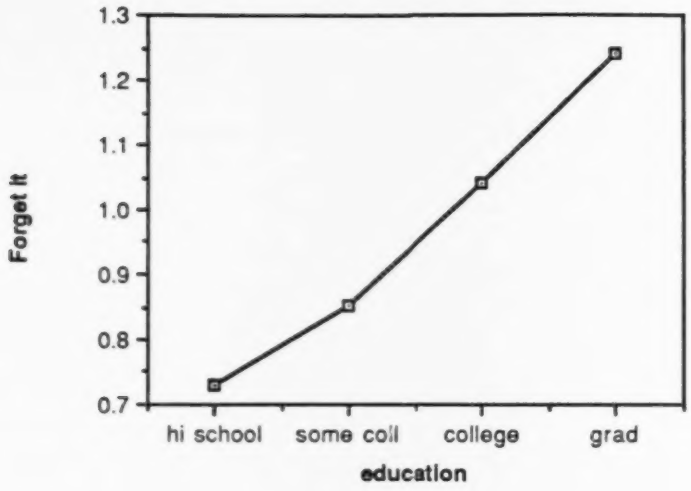

Fig. 2. Exercise by education

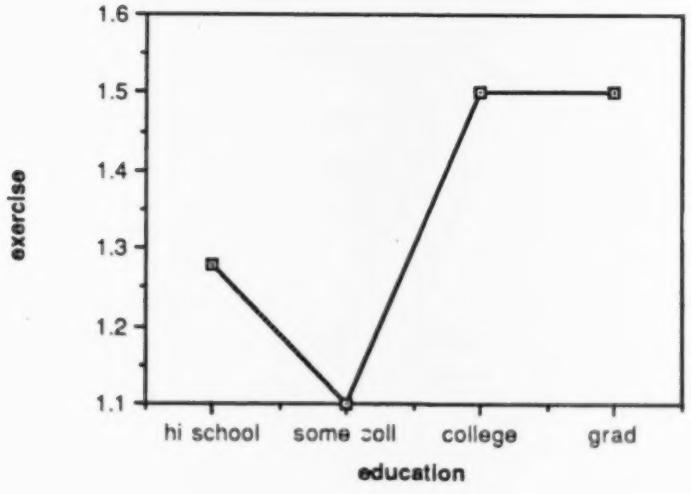

Fig. 3. Making light by education

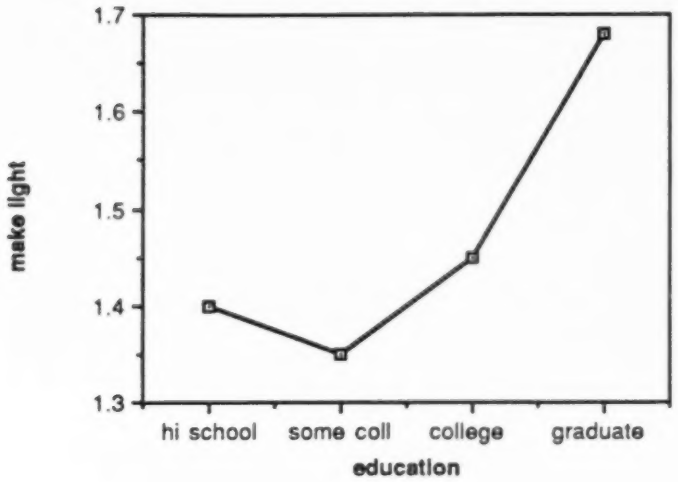

Fig. 4. Talk to others by education

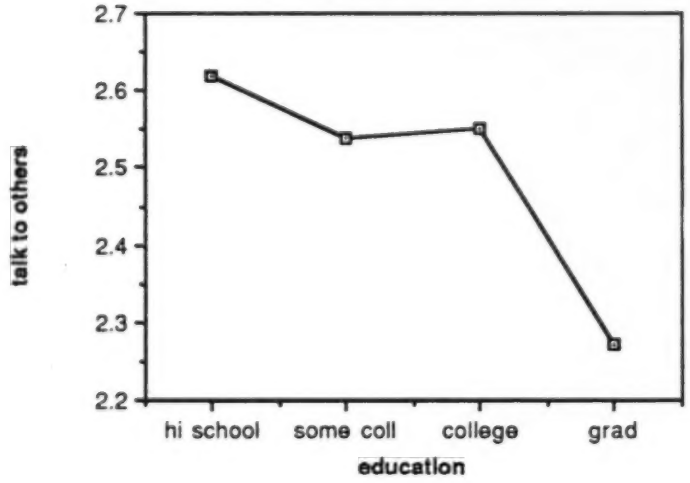

Fig. 5. Concentrate on what to do next by education

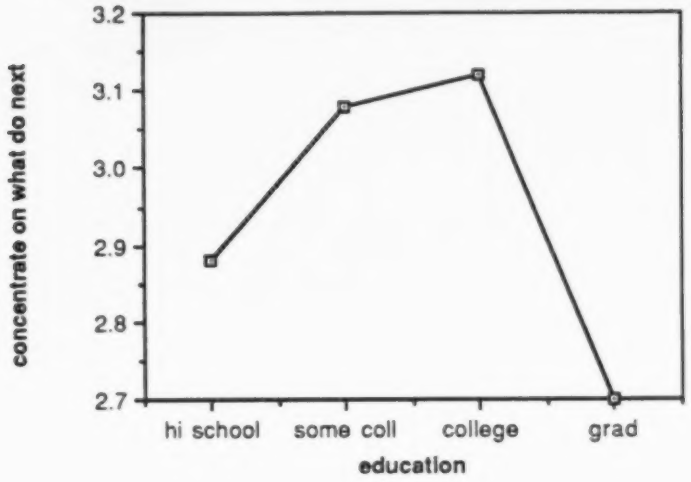

Fig. 6. Bury feelings by education

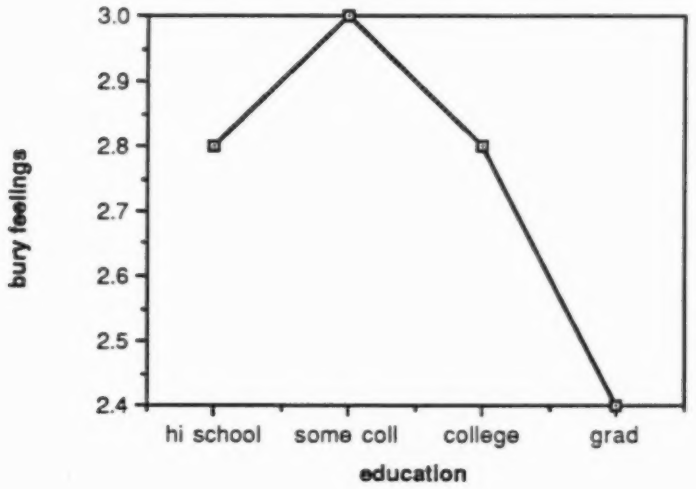

Fig. 7. Self criticism by education

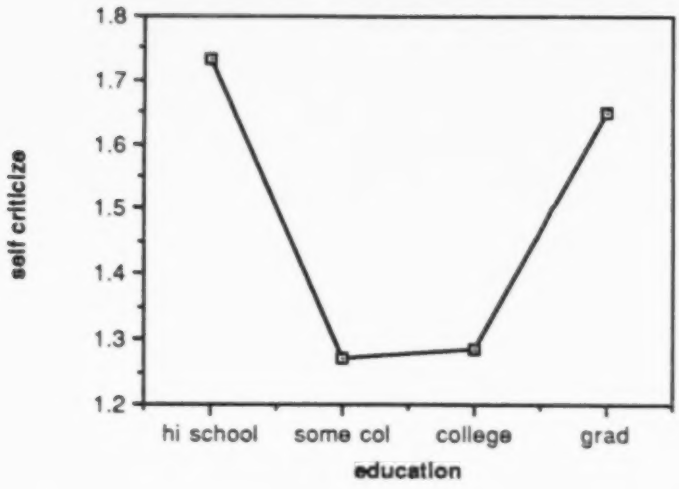

Fig. 8. Eating or drinking by degree